

SCHOOL DISTRICT NAME: \_\_\_\_\_

SCHOOL DISTRICT LEA: \_\_\_\_\_

ARKANSAS DEPARTMENT OF EDUCATION  
CHILD NUTRITION UNIT

**SEVERE NEED BREAKFAST REIMBURSEMENT  
DISTRICT DECISION TO OPT OUT FORM  
(SY 2018-19)**

In order to be eligible for severe need reimbursement for the School Breakfast Program, the following criteria must be met:

- (1) The **school** is currently participating in or desires to begin a breakfast program.
- (2) **Forty percent (40%)** or more of the lunches served to students in the **school** in the second preceding school year (2016-2017) were served free or at a reduced price.

**Please sign to indicate that the school district wishes to Opt Out of Severe Need Breakfast Reimbursement for any school in the district:**

\_\_\_\_SCHOOL DISTRICT WANTS TO OPT OUT OF SEVERE NEED PARTICIPATION 2018-2019

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date Signed

**Deadline:**

The deadline for school districts to opt out is Friday, February 9, 2018.

This form must be signed by either the Superintendent, or the person authorized on Agreement page 1 to sign instead of the Superintendent. Signed forms need to be scanned and emailed to Ryan Jones at the Child Nutrition Unit (CNU). Email address [ryan.m.jones@arkansas.gov](mailto:ryan.m.jones@arkansas.gov). If District does not have the ability to scan and email, fax to 501-324-9505, attn.. Ryan Jones, or mail them directly to our office:

**Ryan Jones, Accountant**

Arkansas Department of Education  
Child Nutrition Unit  
2020 West 3<sup>rd</sup> Street, Suite 404  
Little Rock, AR 72205  
Office: 501-324-9502  
Fax: 501-324-9505  
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